
Hoosier Equipment Lease Purchase (HELP) Program

APPLICATION

LESSEE INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Federal ID: _____

Contact: _____

Phone: _____ ()

Fax: _____ ()

Email: _____

BILLING ADDRESS (IF DIFFERENT):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____

Phone: _____ ()

Fax: _____ ()

EQUIPMENT

Equipment Description (year, make, model): _____

AMOUNT

Equipment Cost: _____

Down Payment: _____ ()

Trade-In: _____ ()

Amount Requested: _____

Expected Funding Date: _____

Financing Term: _____

Payment* (Annual/Semi/Qtrly/Mo): _____

First Payment date (preference): _____

Fund Used to pay for the Equipment _____

*Due the 1st day of the month for any mode.**ESSENTIAL USE**

Is the equipment being purchased under the State's QPA?

Yes [] No []

Does the proposed equipment replace existing equipment?

Yes [] No []

If YES, what is the age and type of equipment being replaced? _____

If NO, why is the additional equipment needed? _____

What function does the proposed equipment perform? _____

Do you anticipate issuing more than \$10,000,000 in debt (including leases) during the current calendar year? _____

Please send application to:
Indiana Bond Bank
10 West Market Street, Suite 2980
Indianapolis, IN 46204